

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 -- 0 2 5

2. STATE:

MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 483.400

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$ 0

b. FFY 04 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D(4), p. 15

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Methods Used to Determine Rates of Payment for Intermediate Care Facilities for the Mentally  
Retarded

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Wendy E. Warring

14. TITLE:

Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

Laura Watson  
State Plan Coordinator  
Division of Medical Assistance  
600 Washington Street  
Boston, MA 02111**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

12/23/02

18. DATE APPROVED:

1/31/03

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/02

20. SIGNATURE OF REGIONAL OFFICIAL:

Brown for Smith

21. TYPED NAME:

Charlene Brown

22. TITLE:

Deputy Director

23. REMARKS:

**State Plan under Title XIX of the Social Security Act  
State. Massachusetts  
Institutional Reimbursement: Nursing Facilities**

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**VI. Intermediate Care Facilities for the Mentally Retarded (ICFs/MR)**

Payments for services provided by Intermediate Care Facilities for the Mentally Retarded to publicly assisted residents are governed by the Division of Health Care Finance and Policy (DHCFP) regulation, 114.1 CMR 29.00: Rate and Charge Determination for Certain Intermediate Care Facilities for the Mentally Retarded Operated by the Department of Mental Retardation, effective October 1, 2002 (see Appendix C).